



PATENT  
Docket No.: 19603/2595 (CRF D-2400)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

|              |                                                                                                |   |                       |
|--------------|------------------------------------------------------------------------------------------------|---|-----------------------|
| Applicants : | Hempstead et al.                                                                               | ) | Examiner:             |
|              |                                                                                                | ) | Gary B. Nickol, Ph.D. |
| Serial No. : | 09/830,520                                                                                     | ) |                       |
|              |                                                                                                | ) |                       |
| Cnfrm. No. : | 9715                                                                                           | ) | Art Unit:             |
|              |                                                                                                | ) | 1642                  |
| Filed :      | October 28, 1999                                                                               | ) |                       |
|              |                                                                                                | ) |                       |
| For :        | METHODS FOR REGULATING<br>ANGIOGENESIS AND VASCULAR<br>INTEGRITY USING TRK RECEPTOR<br>LIGANDS | ) |                       |
|              |                                                                                                | ) |                       |
|              |                                                                                                | ) |                       |

NOTICE OF APPEAL

Mail Stop: AF  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

Applicants hereby appeal to the Board of Patent Appeals and Interferences from the Primary Examiner's decision dated October 20, 2004, finally rejecting claims 7, 9-10, 18-19, 55, and 59-60.

Enclosed is a check for \$250.00 to cover the cost of the appeal fee.

Please charge any additional fees which may be required or credit any overpayment to Deposit Account No. 14-1138. A duplicate copy of this form is attached.

01/24/2005 ZJUHAR1 00000071 09830520

01 FC:2401

250.00 OP

Respectfully submitted,

Dated: January 16, 2005

  
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R819080.1

|                                                                                                                                                                                                                                                |               |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|
| Certificate of Mailing - 37 CFR 1.8(a)                                                                                                                                                                                                         |               |
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| Date                                                                                                                                                                                                                                           | Jo Ann Whalen |

January 19, 2005  
Date Jo Ann Whalen

250.00 OP  
01/24/2005 ZJUHAR1 00000012 09830520  
-250.00 OP  
01 FC:2401  
01/24/2005 ZJUHAR1 00000012 09830520  
01 FC:2401  
01/24/2005 ZJUHAR1 00000012 09830520  
01 FC:2401

ZDW AF /

**TRANSMITTAL FORM**  
(to be used for all correspondence after initial filing)

JAN 21 2005

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U.S. DEPARTMENT OF COMMERCE

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|                                                                                                                   |   |                        |                         |
|-------------------------------------------------------------------------------------------------------------------|---|------------------------|-------------------------|
| <b>TRANSMITTAL FORM</b><br><small>(to be used for all correspondence after initial filing)</small><br>JAN 21 2005 |   | Application Number     | 09/830,520              |
|                                                                                                                   |   | Filing Date            | October 28, 1999        |
|                                                                                                                   |   | First Named Inventor   | Barbara L. Hempstead    |
|                                                                                                                   |   | Group Art Unit         | 1642                    |
|                                                                                                                   |   | Examiner Name          | Gary B. Nickol, Ph.D.   |
| Total Number of Pages in This Submission                                                                          | 2 | Attorney Docket Number | 19603/2595 (CRF D-2400) |

| ENCLOSURES (check all that apply)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |         |                                                                                                                                                                                                                    |  |
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| <input type="checkbox"/> Fee Transmittal Form<br><input checked="" type="checkbox"/> Fee Attached<br><input type="checkbox"/> Amendment / Reply<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Response to Notice to File Missing Parts/ Incomplete Application<br><input type="checkbox"/> A copy of the Notice to File Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Assignment Papers<br><i>(for an Application)</i><br><input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Declaration and Power of Attorney<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance Communication to Group<br><input checked="" type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input type="checkbox"/> Application Data Sheet<br><input type="checkbox"/> Request for Corrected Filing Receipt with Enclosures<br><input checked="" type="checkbox"/> A self-addressed, prepaid postcard for acknowledging receipt<br><input checked="" type="checkbox"/> Other Enclosure(s) <i>(please identify below):</i><br>Check for \$250. for Notice of Appeal |         |                                                                                                                                                                                                                    |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Remarks | <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required or credit any overpayments to Deposit Account No. 14-1138 for the above identified docket number. |  |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT |                                                                                                                                                                       |  |
|--------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Firm<br><i>or</i><br>Individual name       | Michael L. Goldman, Esq.<br>Nixon Peabody LLP<br>Clinton Square, P.O. Box 31051<br>Rochester, New York 14603-1051<br>Telephone: (585) 263-1304<br>Fax: (585) 263-1600 |  |
| Signature                                  | <i>Michael L. Goldman</i> Registration No. 30,727                                                                                                                     |  |
| Date                                       | January 16, 2005                                                                                                                                                      |  |

| CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR 1.8(a)]                                                                                                                                                                                                                 |  |                                                                             |
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| <input type="checkbox"/> transmitted by facsimile on the date shown below to the United States Patent and Trademark Office at (703) _____.                                                                                                                             |  |                                                                             |
| <i>January 19, 2005</i><br>Date                                                                                                                                                                                                                                        |  | <i>Jo Ann Whalen</i><br>Signature<br>Jo Ann Whalen<br>Typed or printed name |